

FOR UTILITY/DESIGN
CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE
DECLARATIONS

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

CUSHMAN
FORM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I, a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought in the INVENTION ENTITLED

ANHYDROUS COSMETIC OR DERMATOLOGICAL COMPOSITION CONTAINING THE COMBINATION OF A SILICONE OIL AND A WAX MADE FROM AN ETHYLENE HOMOPOLYMER OR COPOLYMER

the specification of which (CHECK applicable BOX(ES))

☐ is attached hereto

☒ was filed on January 25, 1995 as U.S. Application No. 08/1377,382

☐ was filed as PCT international Application No. PCT/

and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including (to the best of my ability) the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56(a). I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATIONS

Number	Country	Day/MONTH/Year Filed	Priority Claimed	
			Yes	No
94 00843	FRANCE	26th January, 1994	X	

I hereby claim the benefit under 35 U.S.C. 120/365 of all United States applications listed below and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56(a) which occurred between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. OR PCT APPLICATIONS

Application No. (series code/serial no.)	Day/MONTH/Year Filed	Status
		pending, abandoned, patented

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Cushman, Darby & Cushman, Eleventh Floor, 1615 L Street, N.W., Washington, D.C. 20036-5601, telephone number 861-3000 (to whom all communications are to be directed), and the below named partners thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct Cushman, Darby & Cushman in writing to the contrary.

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1) INVENTOR'S SIGNATURE Pascal Arnaud Date February 14, 1995
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INVENTOR'S SIGNATURE _____ Date _____
Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____ (State/Foreign Country) _____
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FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet (CDC-116/2) for same information for each re signature, name, date, citizenship, residence and address.

NOTE: DO NOT copy this form without also copying reverse side too for inventors